

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			* IND		* DEP		* IND		* DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		
1	/						51		/						
2		/					52		/						
3		/					53		/						
4		/					54		/						
5		/					55		/						
6		/					56		/						
7		/					57	/							
8		/					58		/						
9		/					59		/						
10		/					60		/						
11		/					61		/						
12		/					62		/						
13		/					63		/						
14		/					64		/						
15		/					65		/						
16		/					66		/						
17		/					67		/						
18		/					68		/						
19		/					69								
20		/					70								
21	/						71								
22		/					72								
23	/						73								
24		/					74								
25	/						75								
26	/						76								
27	/						77								
28		4					78								
29		2					79								
30	/						80								
31		/					81								
32		/					82								
33		/					83								
34	/						84								
35	/						85								
36	/						86								
37		/					87								
38		/					88								
39		/					89								
40	/						90								
41	/						91								
42		2					92								
43		2					93								
44		2					94								
45	/						95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	14	↓		↓		↓		
TOTAL DEP.	←		←		←		TOTAL DEP.	61	←		←		←		
TOTAL CLAIMS							TOTAL CLAIMS	75							